



00684.002932

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: G. Stock, Jr.
TOSHIHIKO TSUJI)	
	:	Group Art Unit: 2877
Application No.: 09/434,300)	
	:	
Filed: November 5, 1999)	
	:	
For: OPTICAL ELEMENT WITH)	
ALIGNMENT MARK, AND	:	
OPTICAL SYSTEM HAVING)	
SUCH OPTICAL ELEMENT	:	July 22, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action mailed April 22, 2004, the Examiner is respectfully requested to consider the following amendments and remarks.



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In re Application of:

Docket No. 00684.002932

TOSHIHIKO TSUJI

Application No.: 09/434,300

Examiner: G. Stock, Jr.

Filed: November 5, 1999

Group Art Unit: 2877

For: OPTICAL ELEMENT WITH ALIGNMENT
MARK, AND OPTICAL SYSTEM
HAVING SUCH OPTICAL ELEMENT

Date: July 22, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	20	0	x \$9 \$18	0.00
INDEP. CLAIMS	2	MINUS	3	0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$__ is enclosed.

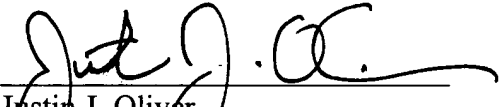
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.


Justin J. Oliver
Attorney for Applicant
Reg. No. 44,986

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